

Massachusetts Division of Health Care Finance and Policy

Instructions for Medicare Outpatient Data Collection

The Division of Health Care Finance and Policy is requiring hospitals to provide data on their fiscal year 2008 year to date outpatient Medicare charges and payments. This data will be used to determine the appropriate level of payment from the Health Safety Net Trust Fund for 2009.

Hospitals are required to complete the data entry form on the Division's website, return the form by e-mail and mail paper copies of supporting documentation to the Division.

1. Download Instructions

Minimum System Requirements

Computer/Processor: An IBM-compatible computer with a 486 66MHz processor (or higher)

Memory: 16 MB RAM

Hard Disk: 1 MB Available for a typical installation, and 1.4 MB for the maximum installation.

Drive: 3 1/2" floppy diskette drive

Display: VGA or higher-resolution monitor; Super VGA recommended

Operating System: Microsoft Windows 95 or later operating system or Microsoft Windows NT operating system version 4.0 with Service Pack 3 or later

Peripherals: Microsoft Mouse or compatible pointing device

Software: Microsoft Excel 97 Service Release 2 or higher

Open the appropriate workbook file and immediately save the file as an Excel (.xls) file and name it **oppaf08ytd.xls**.

Save the OPPAF07.XLS file to the OPPAFTemplate folder you just created. Use only the oppaf08ytd.xls file and you will always have a clean workbook file as a starting point.

2. Data Entry Instructions

Line 1, Outpatient PPS: From the summary Provider Statistical Reimbursement Report for 2008 year to date (10/1/2007 – present), enter in the values requested. The report should be report number OD44203 and report type 998.

Line 2, Direct graduate medical education payments: From the fiscal year 2007 Medicare 2552, worksheet E, part B, line 21, column 1, report the value requested.

Line 3, Other pass throughs: From the fiscal year 2007 Medicare 2552, worksheet E, part B, lines 1.07-4, report any Part B pass through payment amounts.

Line 6, Other: Report any additional payments and charges the hospital received from Medicare Part B for outpatient hospital services. An explanation for any amount reported

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here should be provided in the comments field. In addition, any amounts claimed as “other” should have supporting documentation from the intermediary, Part B carrier, or CMS. The Division will review these expenses and determine the appropriateness of the inclusion of these expenses.

Comments: Provide any additional information to the Division related to this report. Each report will be screened and verified by Division staff.

Hospital contact name and phone number: Provide the name of a hospital representative who would be available to answer questions from Division staff on this report.

3. Data Submission

Once completed, hospitals should email the completed Microsoft® Excel file to:

hcf.data@state.ma.us

The subject line of the email should read, “Medicare Outpatient Data”.

The following supporting documents should be photocopied and mailed to the Division:

- Copies of the appropriate pages from the PS&R summary report from which the data was extracted. It is not necessary to provide the entire PS&R;
- Copies of worksheet E, part B of the FY2007 CMS-2552 report;
- Any additional supporting documentation related to amounts reported under “other” or to document text provided in the “comments” section.

Please do not fax these documents, as the numbers are often illegible on received faxes. Hospitals may scan the documents and email scanned PDF files, as long as the numbers are legible.

Please mail these documents to:

Division of Health Care Finance and Policy
2 Boylston Street
Boston, MA 02116
Attn: Jessica McKeage

If you have any questions regarding this report, please contact Michael Grenier at (617) 988-3192.